#### **DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814

July 28, 2000



**ALL-COUNTY INFORMATION NOTICE I-77-00** 

TO: ALL COUNTY WELFARE DIRECTORS
ALL Cal-WORKS COORDINATORS
ALL FOOD STAMP COORDINATORS

SUBJECT:

REVISED CW 7 AND SAWS 7 FOR CHANGES IN FOOD

STAMPS REGULATIONS

REFERENCE:

CODE OF FEDERAL REGULATIONS SECTION 273.2.(f)(1)(iii)

AND SECTION 273.2 (f) (3) (I)

This notice transmits copies of the revised versions of the following forms for the Food Stamp program.

Monthly Eligibility Report SAWS 7
Monthly Eligibility Report CW 7 (Originally released ACIN I-48-00)

The forms are revised to conform to the amended Food Stamp regulations for verifying shelter costs. Counties should begin using the revised forms as soon as the old stock is depleted.

The CW 7 and SAWS 7 transmitted with this ACIN are designated as "Required Form – Substitute Permitted." Welfare Departments must obtain prior approval from the California Department of Social Services (CDSS) before implementing a modification or substitution to these and other "Substitute Permitted" forms. For CalWORKs and Food Stamp program changes, the procedures for submission of a change request are outlined in Management and Office Procedures regulations 23-400.22 and the Food Stamp Handbook Regulations 63-1250.

After you receive a copy of an English form, or a Notice of Action (NOA) message, please allow six to eight weeks for the form or message to be translated and mailed to your CalWORKs Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Cambodian, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready forms or messages in Spanish, Chinese, Cambodian, Vietnamese or Russian, fax your request to LTS at (916) 657-3429 or e-mail it to LTS@dss.ca.gov.

For a camera-ready copy and/or an additional copy of an English form, please call Forms Management Unit (FMU) (916) 657-1907. If your office has Internet access,

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you may obtain various forms (not including messages) from the CDSS web page at: <a href="http://www/dss/cahwnet.gov">http://www/dss/cahwnet.gov</a>. FMU is currently in the process of making forms available on the Internet. If the name, mailing address or e-mail address of your CalWORKs forms Coordinator changes, please contact FMU by telephone at (916) 657-1907 or by e-mail to <a href="mailto:fmu@dss.ca.gov">fmu@dss.ca.gov</a>.

State produced stock of the English and Spanish language versions for these forms will be available 30 to 60 days after the release of this letter. Stock of each form may be ordered from the CDSS Warehouse upon receipt of the Notice of Form Change (GEN 127), in accordance with the procedures in the County Forms Catalog.

### **Translations**

Your CalWORKs Forms Coordinator is to distribute forms and NOA messages to each program and location. Each county shall provide billingual/interpretive services and written translations to non-English speaking populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7209 et seq) and by the state regulations in Manual of Policies and Procedures (MPP) Division 21, civil Rights Nondiscrimination Section 115. Among other things, this regulation section includes requirements for providing forms in the applicant's or recipient's primary language.

If you have any questions or need further information regarding the forms-related issues in this letter please contact Terry Mallin of the CalWORKs Eligibility Bureau at (916) 653-8395.

Sincerely,

Original document signed by Pat Sutherland for GARY SWANSON, Chief Food Stamp Branch

**Enclosure** 

# MONTHLY ELIGIBILITY/STATUS REPORT



THIS REPORT IS FOR THE MONTH OF

For Ca	sh Aid, F	ood Stam <sub>l</sub>	os and M	edi-Cal/	State-Run
County	/ Medical	Services	Program	(CMSP)	)

- Complete, sign, and return this report by the 5th of the month.
- If you do not send in a complete report by the stir of the month.

  If you do not send in a complete report including, but not limited to, answering all questions in Part B below and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed.

  You must report within 5 days any change that may affect your eligibility for or the amount of your cash aid or within 10 days of any change that may affect your eligibility or share of cost for Medi-Cal/State CMSP.

  Important: If you don't want cash aid, food stamps and/or Medi-Cal/State CMSP anymore, fill in PART A below, sign and date Item 9.
- Facts you report may result in your benefits going up, down, or being stopped.

Need Help? Call y	our worke	er.				Worker:		Phone:	
PART A Requ	est to Sto	op Benefi	ts (If you f	ill in this part, sign	and date Ite	m 9 on the	e back of this form	m. You can rea	apply at any time.)
I ask that my	Cash A	id 🗌 F	ood Stamps	☐ Medi-Cal ☐	State CMSP	be stopped o	n the last day of:		MONTH/YEAR
PART B If you	net food s	stamns ar	nswer for ev	veryone in your ho	usehold If v	ou do not get	food stamps, and	swer for ever	
	Medi-Cal	I/State CN	/ISP, includi	ng children, paren	ts, stepparer	nts, your spou	ise, and anyone	temporarily a	bsent from the
1 Did anyone g If "YES", comple	•		•	ning program? r income in kind, such	as earned hou	sing. List gross a	amounts before dedu	ctions	YES NO
for each week in	the month.	Attach pay	stubs or oth	er proof of earnings.					
● If self-employed	I: For Food For Cash costs.	Stamps an Aid: Atta	nd Medi-Cal/S nch proof of i	State CMSP: List busi ncome. If claiming ac	ness costs on a ctual expenses	s separate sheet s, list business e	of paper and <b>attach</b> expenses on a separa	proof of incom te sheet of pap	ne and costs. er and attach proof of
WHO GOT INCOME	EMPLOYER'	'S NAME (✔)	GROSS AM	OUNT	\$	\$	\$	\$	\$
			ACTUAL DA	TE RECEIVED			·		
	□ ЈОВ	☐ TRAININ	IG NO. of HOU	RS WORKED					
WHO GOT INCOME	EMPLOYER'	S NAME (🗸)	GROSS AM	OUNT	\$	\$	\$	\$	\$
				TE RECEIVED					
	ЈОВ	TRAININ	IG NO. of HOU	RS WORKED					
2 If anyone a here and at	bove <u>paid</u>	d for care	of a child ment.	, disabled person	or other de	pendent wh	ile working, see	king work, o	r in training, list
Name Of Person W			Cost		Name Of	Person Who Re	eceived Care	Cost	
			\$					<b></b>	
Include: Child cash, gifts, lo State Suppler retirement, ot	d/spousal s ans, schola mentary Pa her private	support; inte arships; tax ayment (SS or governr	erest or divid refunds; any SI/SSP), uner ment disabilit	from any other so dends; gambling/lotte y government benefit mployment, workers by or retirement; renta else. If "YES", comple	ry winnings; ir s, like Social s compensation al income and	Security, Supple state disability rental assistan	emental Security In indemnity, veterar	come/	YES NO
WHO GOT INCOME		SOURCE OF IN		GROSS AMOUNT					
				DATE RECEIVED	\$	\$	\$	\$	\$
WHO GOT INCOME		SOURCE OF IN	1COME	GROSS AMOUNT					
				DATE RECEIVED	\$	\$	\$	\$	\$
4 If anyone who in the court o	gets food rder. Atta	stamps or ch proof. \$	Medi-Cal/Sta	te CMSP and paid co	ourt ordered c	nild support thi	s month, list the an	nount they paid	d. Report any changes
5 Is any membe custody or co	er in the cas infinement	sh aid or fo after convi	od stamp ho	ousehold avoiding or iolation of probation	running from or parole? If	the law to avoic "YES", who:	l a felony prosecuti		YES NO
COUNTY USE ONL'	Y			E.W. IN	NITIALS			D	DATE:

for possess	ion, use,	he cash aid and/or or distribution of a /ES", complete below	controlle						YES	□ NO
FULL NAME OF PERSON(S	)	RELATIONSHIP TO YOU	DATE DRUG COMMITTED		DATE OF F	ELONY CONVICTION	CONVICTION WAS FOR (  DISTRIBUTION  OTHER: (EXPLAIN)	POSSE	ESSION	
7 Did anyone	move into	o or out of your hor anyone who died,	ne, or did	d you move	in with	someone e	lse? Include: new	borns;	YES	□ NO
FULL NAME OF PERSON(S	1	RELATIONSHIP TO YOU		EXPLAIN WHAT CHA		ic. ii 123 ,	complete below.		DATE OF CHA	NGE
B Does anyone     If "YES", com     Income:     Job/     Training:     School-Ages     6 through 17:     School-Age     16 or older:     Property:     Checking/     Savings:     Babies:  NAME OF PERSON(S)	plete belo Starts, cha Start, stop number of For Cash regularly. Start or st school tral Buy, sell, t home, land Open/clos balance is	ything else to report w: anges or stops. b, quit, refuse a job or trict hours, or go out on strain and only: Stop or start op school or college. Consportation, etc. frade, give away, or get d, or trusts, etc. (persor e a checking or savings of different at the end of tregnant, have a baby, a	raining, a crike. t attending osts for tui a motor venal or busings account(steep the month.	hange in school tion, ehicle, ness). s) or the	•	Citizenship/ Immigration Status: Marital: Disability: Medical Costs: Insurance:	A citizenship or immanyone gets a new or INS.  Marry, divorce, or see Become disabled or illness.  For Food Stamps (age 60 or older may being used to figure Cal/State CMSP Or an injury or accident Start, stop, or chang benefits including M Starts or stops getting and starts or stop	pigration stacard, form of eparate.  recover from the properties of the properties o	om a disabil om a disabil om who is d w medical of the allotment of costs that of someone of all or health coverage.	ity/major isabled or costs not . For Medi- were due to else. insurance e Services.
	MBER, STREET	Fill in this section	APT. NO.	CITY	ved or	have a new n	E Z	CIP CODE	NEW PHONE N	IUMBER
If you are getting Food If YES, amount of rent		may be asked to provide Paying utilities?	proof of you			you paying rent a	·	listed?	YES	□ NO
aid or benefits, I ca Cal/State CMSP is PENALTIES FOR C follow cash aid rul and I may be fined 3 years. My cash ai  For not reportin first offense, 12  For submitting a case for the sar 4 years for the s  For conviction of under \$2,000; 5 forever for amo  Forever: for giv get aid in two or county wrong f exist; getting in	an be legall wrongly particles, my case up to \$10, id can be so months for one or more time persecond, or of felony frayears for a unts of \$5, wing the correct for armore than a conviction	or for giving wrong factor the second, or forevolve applications to get a riod: 2 years for the fiforever for the third.  aud to get aid: 2 years amounts of \$2,000 thr	nay be cha given: on purpos for a peri il or prison cts: 6 mon ver for the aid in more irst convict for theft of ough \$4,9 esidency in ame time; child that efits through	arged with consected on the section of time of the section, are the section, are the section, are the section, are the section of the section	ng facts mmitting PENA food first v be fir	about my income a felony if more a felony if more a felony if more a felony if more a felony income a felony i		D: If on p be stopped, and fore jail/prison f law because for fire an be stopped from the s	urpose I d d for 12 mo ever for the for 20 yea use: arms, amr ped forever d substanc r the first v eorth \$500 ence infor	o not follow onths for the third. I may rs.  nunition, or for the first ces, my food iolation and or more, my mation, so I
		ATE THIS REPORT AF	TER THE	LAST DAY OF	THE R	EPORT MONT	H OR IT WILL BE C	ONSIDERE	D INCOMF	LETE.
	re true an	For Food Stamp	plete for took your aid so the hear the	<b>the entire re</b> ded spouse an d of household	eport med the oten do not the	nonth. her parent (of or whold member of	tate of California the cash aided children) is or the household's auding for the beneficiary	f living in th thorized rep	ne home.	
SIGNATURE OR MARK				DATE SIGNED	HOME PH			CONTACT PH	ONE	
l	R OTHER PARE	:NT OF CASH AIDED CHILD(REI	N)	DATE SIGNED	SIGNATUI FORM	PE OF WITNESS TO	MARK, INTERPRETER OR O	( ) THER PERSON	COMPLETING	DATE SIGNED
					. 51111	<b>\$</b>				

DATE:

## **MONTHLY ELIGIBILITY REPORT**



THIS REPORT IS FOR THE MONTH OF

For C	cash	Aid	and	Food	Stam	ps
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- Complete, sign, and return this report by the 5th of the month.
- If you do not send in a complete report including, but not limited to, answering all questions and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed.
- You must report within 5 days any change that may affect your eligibility for or the amount of your cash aid.
- If you get food stamps, answer for everyone in your household. If you do not get food stamps, answer for everyone on cash aid, including children, parents, stepparents, your spouse, and anyone temporarily absent from the home.
- Facts you report may result in your benefits going up, down, or being stopped.

Need Help? C	all your wor	rker.				V	/orker:		Phone:		
✓ If "YES"	complete l	below. Include	ė tips, vac	ining prograr ation pay or in in the month.	come i	n kind, suc n <b>paystubs</b>	h as earned h s or other pro	ousing. List o	gross <b>gs.</b>	☐ YES	□ NO
• If self-e		For Food St For Cash Ai	id: A		f incom	ie. If you cla	aim actual exp		n proof of incor usiness expen		
Who Got Income	Employ	/er's Name (✔)	Gross An	nount	\$		 B	\$	\$	\$	
			Actual Da	ate Received	<u> </u>		•		7		
	☐ Job	Training	No. of Ho	urs Worked							
Who Got Income	Employ	/er's Name (✔)	Gross An		\$	(	\$	\$	\$	\$	
				ite Received							
	☐ Job			urs Worked							
		aid for care roof of paym		, disabled pe	rson o	r other dep	endent while	working, s	eeking work, o	or in training	, list
Name of Pers	on Who Rece	eived Care	Cost			Name of F	erson Who Rec	eived Care	Cost		
			\$						\$		
Include: strike be Security indemni	Child/spou enefits; cash Income/Staty, veterans	usal support; n, gifts, loans ate Suppleme or railroad re using/utilities	interest or , scholars entary Pay etirement, /clothing/fo	ment (SSI/SS) other private ood; or anythin	mbling ds; any SP), une or gove	lottery wing governme employmen ernment dis	nt benefits, like t, workers con ability or retire	e Social Sec npensation, s ment; rental	urity, Supplem state disability income and re		□ NO
Who Got Incom	9	Source of Inco	me	Gross Amount	\$		\$	\$	\$	\$	
				Date Received							
Who Got Incom	е	Source of Inco	me	Gross Amount	\$		\$	\$	\$	\$	
				Date Received							
		od stamps ar		ourt ordered o			month, list t	he amount	they paid.		
				ng or running iolation of pro					on, custody	YES	□ NO

E.W. INITIALS

COUNTY USE ONLY

distribution	of a contro	olled substance	en <u>convicted</u> (s)? Give fac	of a drug-re	elated felony for s committed <u>afte</u>	posses: r Augus	sion, use, or <u>st 22, 1996</u> .	YES	□ NO
If "YES", cor	mplete belov	V: ELATIONSHIP TO YOU	DATE DRUG CRIM	ME COMMITTED	DATE OF FELONY CO	NVICTION	CONVICTION WAS FOR (	) D POSSESS	NON
							☐ DISTRIBUTION ☐ OTHER: (EXPLAIN)	USE	
					with someone e		clude: newborns;	YES	□ NO
FULL NAME OF PERSON		ELATIONSHIP TO YOU		PLAIN WHAT CHAN				DATE OF CHAN	NGE
8 Does anyor If "YES", cor	ne have any	rthing else to rep	port? Include	e expected c	hanges. Attach	proof, i	ncluding any costs	YES	□ NO
<ul><li>Income:</li><li>Job/ Training:</li></ul>	Start, stop,	nges or stops. quit, refuse a job or of hours <b>or</b> go out o	r training, a cha	ange	<ul> <li>Citizenship/ Immigration Status:</li> </ul>		nship or immigration stagets a new card, form		
School-Ages		<b>hid Only:</b> Stop or st		chool	Marital:	_	divorce, or separate.		
6 through 17: ● School-Age	regularly. Start or stor	o school or college.	Costs for tuitio	ın.	<ul><li>Disability:</li></ul>	Become illness.	e disabled or recover from	om a disability	//major
16 or older:	school trans	sportation, etc.			<ul><li>Medical</li></ul>	For Foo	od Stamps Only: Anyo		
Property:	home, land,	ade, give away, or g or trusts, etc. (per	sonal or busine	ess)	Costs:		or older <b>may report ne</b> sed to figure your curre		sts not
<ul><li>Checking/ Savings:</li></ul>	Open/close balance is of	a checking or savir different at the end	ngs account(s) of the month.	or the	Insurance:	Start, st	top, or change life, den	tal or health in	nsurance
Babies:	Become pre	egnant, have a baby	y, abort or misc	arry.	IHSS:		including MEDICARE or stops In-Home Suppo	Ū	S.
NAME OF PERSON(S)		RELATIONSHIP TO YO	DU	EXPLAIN WHA	AT HAPPENED			DATE OF CHAN	
		<b>-</b> 111 : 41 : 4		<u> </u>					
ADDRESS C	CHANGE	Fill in this sect	ion ONLY if y	ou have move	ed or have a new	mailing	address.		
NEW HOME ADDRESS (	NUMBER, STREE	T NAME, AVENUE, BLVI	D., ETC.) APT. NO.	CITY	STAT	E	ZIP CODE	NEW PHONE N	UMBER
DATE MOVED	NIEVA/ MAAII INIO A	DDDEOG (IF DIFFEDENT	FROM LIONE ADD	DE00)	OLTY	,	OTATE	( )	D OODE
DATE MOVED	NEW MAILING A	DDRESS (IF DIFFERENT	FROM HOME ADL	JKE55)	CITY		STATE	ZIF	P CODE
<u> </u>									
		-	. —		. Are you paying rent a	at the addr	ess you have listed?	YES	□ NO
If you are getting Food If YES, amount of rent		nay be asked to provid	. —	☐ NO If YES	S, amount of utilities \$_	at the addr	ess you have listed?	YES	□ NO
If YES, amount of rent	\$	Paying utilitie	es? YES	O NO IFYES	S, amount of utilities \$_ ATION				
If YES, amount of rent  I UNDERSTAND T	\$	Paying utilities urpose I do not re y prosecuted. And	eport all facts of	CERTIFIC or give wrong arged with co	S, amount of utilities \$_ ATION facts about my inc	ome, pro	ess you have listed?  pperty, or family status than \$400 in cash ai	s to get or ke	ep getting
I UNDERSTAND T aid or benefits, I c Medi-Cal/State CM PENALTIES FOR C	\$	urpose I do not re y prosecuted. And ly paid out <u>AND</u> I ELFARE FRAUD:	eport all facts of l may be ch may be given:  If on purpose	CERTIFIC or give wrong arged with co	ATION  facts about my incommitting a felony  PENALTIES FOR I	ome, proif more	operty, or family status than \$400 in cash ai	s to get or ke d, food stamp	ep getting ps, and/or not follow
I UNDERSTAND T aid or benefits, I c Medi-Cal/State CM	THAT: If on p can be legall MSP is wrong CASH AID WI les, my cash	urpose I do not re y prosecuted. And ly paid out <u>AND</u> I ELFARE FRAUD: aid can be lowere	eport all facts of l may be ch may be given:  If on purpose ed for a period	Or give wrong arged with co	ATION  facts about my incommitting a felony  PENALTIES FOR If food stamp rules, if irst violation, 24 m	ome, proif more	operty, or family status than \$400 in cash ai TAMP FRAUD: If on p stamps can be stopped or the second, and for	s to get or ke d, food stamp ourpose I do ed for 12 mon rever for the t	eep getting ps, and/or not follow oths for the
I UNDERSTAND T aid or benefits, I o Medi-Cal/State CM PENALTIES FOR O follow cash aid rul	THAT: If on p can be legall MSP is wrong CASH AID WI les, my cash I up to \$10,0	urpose I do not re y prosecuted. And ly paid out AND I ELFARE FRAUD: aid can be lowere 00 and/or sent to	eport all facts of l may be ch may be given:  If on purpose ed for a period	Or give wrong arged with co	ATION  facts about my incommitting a felony  PENALTIES FOR If food stamp rules, first violation, 24 n be fined up to \$25	ome, proif more food street fo	operty, or family status than \$400 in cash ai FAMP FRAUD: If on p stamps can be stopped or the second, and for d/or sent to jail/prison	s to get or ke d, food stamp ourpose I do ed for 12 mon ever for the t n for 20 years	eep getting ps, and/or not follow oths for the
I UNDERSTAND T aid or benefits, I of Medi-Cal/State CM PENALTIES FOR Of follow cash aid rul and I may be fined 3 years. My cash a	THAT: If on pean be legall MSP is wrong CASH AID Willes, my cash at up to \$10,0 hid can be stong all facts or	urpose I do not re y prosecuted. And ly paid out AND I ELFARE FRAUD: aid can be lowere 00 and/or sent to ppped: for giving wrong to	es? YES  eport all facts of I may be ch may be given:  If on purpose ed for a period jail or prison f	NO IFYES CERTIFIC or give wrong arged with co	ATION  facts about my incommitting a felony  PENALTIES FOR I food stamp rules, first violation, 24 n be fined up to \$25  If I am found	ome, proif more food significantly food nonths food guilty in	pperty, or family status than \$400 in cash ai FAMP FRAUD: If on p stamps can be stoppe or the second, and for d/or sent to jail/prison any court of law beca	s to get or ke d, food stamp ourpose I do ed for 12 mon rever for the t n for 20 years ause:	not follow nths for the third. I may
If YES, amount of rent  I UNDERSTAND T aid or benefits, I of Medi-Cal/State CM PENALTIES FOR Of follow cash aid rul and I may be fined 3 years. My cash a  For not reporting first offense, 12  For submitting	THAT: If on potent be legall MSP is wrong CASH AID Wiles, my cash drup to \$10,0 aid can be stong all facts on 2 months for one or more	urpose I do not re y prosecuted. And ly paid out AND I ELFARE FRAUD: aid can be lowere 00 and/or sent to opped: for giving wrong the second, or for applications to ge	es? YES  eport all facts of l may be ch may be given: If on purpose ed for a period jail or prison f facts: 6 month ever for the thet aid in more t	No If YES CERTIFIC or give wrong arged with continue for up to s for the hird.	ATION  facts about my incommitting a felony  PENALTIES FOR I food stamp rules, first violation, 24 n be fined up to \$25  If I am found to a traded of	ome, proif more food strong food anough the food guilty in or sold	operty, or family status than \$400 in cash ai FAMP FRAUD: If on p stamps can be stopped or the second, and for d/or sent to jail/prison	s to get or ke d, food stamp ourpose I do ed for 12 mon rever for the t n for 20 years ause: earms, ammu	eep getting ps, and/or not follow oths for the third. I may s.
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